

APPLICATION TO FOSTER AND/OR ADOPT

Date Received _____

PLEASE PRINT USING BLACK OR BLUE INK AND ATTACH ADDITIONAL PAGES AS NEEDED.

Type Application ☐ Initial or ☐ Reapproval to ☐ Foster ☐ Adopt ☐ Both

Husband or Single Male Applicant

Wife or Single Female Applicant

Name	Last First Middle	Maiden First Middle
Residence	Number Street Town County State Zip Phone Number	
	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home No. of Bedrooms () <input type="checkbox"/> Own <input type="checkbox"/> Rent	
If Married	Date	Place
Birth Date & Place		
U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Naturalized	Date Serial Number	Date Serial Number
Nationality/Descent		
Religious Preference		
Church Affiliation		
Previous Marriage(s)	Date Place	Date Place
Terminated	How Date Place	How Date Place
Education	High School	High School
	College Other	College Other
Employment	Occupation	Occupation
	Employer	Employer
	Address Phone Number	Address Phone Number
	Length of Present Employment	Length of Present Employment
	Social Security #	Social Security #

Children & Other Household Members	Name		DOB	Grade Completed	Relationship
	1				
	2				
	3				
4					
Specific Serious or Chronic Illness of Any Household Member	Name		Age When Occurred	Condition/Diagnosis	
	1				
	2				
	3				
4					
Other Children of Applicant(s) & Where They Live					
References	Name		Address		Phone Number
Minister					
Employer or Supervisor (list for each if both applicants are employed)					
Relatives (if 2 applicant's, list for each)					
Friend					
Length of Residence In Alabama _____ How long do you expect to reside in Alabama? _____					
Have you applied for a child with any other agency? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," provide the date applied & the agency's name/address					
Date: _____ Name/Address _____					
Have you previously fostered/adopted? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where? _____					
If you have previously adopted, date the Final Decree of Adoption was issued. _____					
Reasons and/or Motivation to Foster/Adopt _____					
Child/Children Desired		How Many?	Age(s)	Sex	

ALL APPLICANTS

I authorize the Department of Human Resources to release information regarding me contained in the State Central Registry on Child Abuse/Neglect to foster/adoption staff of the Department of Human Resources who may use that information in making decisions related to my application to foster/adopt a child. I further release the Department of Human Resources from all responsibility and liability for the release and use of the information as it pertains to the foster/adoption application process.

Applicant's Signature

Date

Applicant's Signature

Date

Witness Signature

Date

AGREEMENT FOR APPLICANTS SEEKING A FOSTER FAMILY HOME APPROVAL

We hereby agree to the following if we receive an approval to maintain a foster family home.

1. To accept children only through the State of Alabama Department of Human Resources.
2. To work in partnership with the Department of Human Resources providing care for children and cooperating with said Department in maintaining prescribed standards.
3. To report to the Department of Human Resources any changes of address, sickness in family or changes in family composition, and sickness of or accident to children whom we may receive for care.
4. To allow the representatives of the Department of Human Resources to visit the foster family home whenever desired.
5. To treat the children who we may receive for care as well as we would treat members of our family.
6. To obtain permission of the Department of Human Resources for all visits of the children outside of the State and for visits with the State in excess of three (3) days.
7. That we will work in partnership with the Department of Human Resources, children and their families, and the child and family planning team in developing, implementing, maintaining and evaluating permanency goals for children. Ultimately however, it is the responsibility of the State Department of Human Resources to carry out any and all planning responsibility for children. Placements for children may include returning them to their own homes, a relative's home, transfer to other homes or a facility, adoption or any other planning decisions that must be made in the planning and care for children.
8. That in working with the Department of Human Resources, we will maintain confidentiality to protect the personal and intimate information of everyone in accordance with the Code of Alabama.
9. That we will not file a petition in the court to adopt a child in our home, or take steps toward the adoption of the child, without the **WRITTEN CONSENT** of the State Department of Human Resources.
10. To give the Department of Human Resources adequate notice if we want a child removed from our home.

I have read the above Foster Family Home Agreement, understand it, and will abide by its contents. I certify that the information given on this application is true and correct to the best of my knowledge. I understand that any misrepresentation of information may be grounds for denial of the application or revocation of an approval.

Applicant's Signature

Date

Applicant's Signature

Date

Witness Signature

Date